

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011110
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 89

FILED APR 15 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION | | Length of stay in 1b | c. CITY OR TOWN UNION |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. # 1 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 611 E. STATE ST. |
| 3. NAME OF DECEASED (Type or print) First EDNA Middle F. Last COOPER | | 4. DATE OF DEATH Month APRIL Day 9 Year 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH MAY 29, 1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIRE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 79 |
| 13a. FATHER'S NAME D. P. KENWORTHY | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | 11. BIRTHPLACE (City and state or country) CALIFORNIA, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic obstructive pulmonary disease DUE TO (b) Coronary artery disease DUE TO (c) Myocardial infarction | | 14. NAME OF HUSBAND OR WIFE FRANK T. COOPER | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 5:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | Month, Day, Year 4.9.63 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION UNION, MO. | |
| 21. I attended the deceased from 4.9.63 to 4.9.63 and last saw her alive on 4.9.63 . Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE H. M. Henry M.D. | | 22b. ADDRESS Union, MO. | 22c. DATE SIGNED 4.11.63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE APR. 14, 1963 | 23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY | 23d. LOCATION (City, town, or county) (State) UNION, MO. |
| 24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME | | 25. DATE RECD. BY LOCAL REG. 4/12/63 | 26. REGISTRAR'S SIGNATURE Lola G. Hoffmann |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Ottmann

Licensed Embalmer No.

4828

P. O. Address

Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.